

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS027S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2008
NAME OF PROVIDER OR SUPPLIER EL JEN CONVALESCENT HOSP SNF		STREET ADDRESS, CITY, STATE, ZIP CODE 5538 W DUNCAN DRIVE LAS VEGAS, NV 89130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on July 8, 2008 through July 11, 2008. The census at the time of the survey was 128. Twelve personnel records were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified.	Z 000		
Z342 SS=D	NAC 449.74511 Personnel Records - Licenses, TB, Background 3. A current and accurate personnel record for each employee of the facility must be maintained at the facility. The record must include, without limitation: a) Evidence that the employee has obtained any license, certificate or registration, and possesses the experience and qualifications, required for the position held by the employee; b) Such health records as are required by chapter 441A of NAC which include evidence that the employee has had a skin test for tuberculosis in accordance with NAC 441A.375; and c) Documentation that the facility has not received any information that the employee has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188.	Z342		9/30/08

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z342	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: NRS 449.179</p> <p>1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, and agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall:</p> <p>(a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188;</p> <p>(b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a);</p> <p>(c) Obtain from the employee or independent contractor two set of fingerprints and a written authorization to forward the fingerprints to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and</p> <p>(d) Submit to the central repository for Nevada records of criminal history the fingerprints obtained pursuant to paragraph (c).</p> <p>3. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall:</p> <p>(a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints</p>	Z342		

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Z342	<p>Continued From page 2</p> <p>from the employee or independent contractor; (b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and (c) Submit the fingerprints to the central repository for Nevada records of criminal history.</p> <p>NRS 449.182 Each agency to provide nursing in the home, facility for intermediate care, facility for skilled nursing and residential facility for groups shall maintain accurate records of the information concerning its employees and independent contractors collected pursuant to NRS 449.179, and shall maintain a copy of the fingerprints submitted to the central repository for Nevada records of criminal history and proof that it submitted two sets of fingerprints to the central repository for its report. These records must be made available for inspection by the health division at any reasonable time and copies thereof must be furnished to the health division upon request.</p> <p>NRS 449.188 Denial, suspension or revocation of license to operate certain facility or agency: Conviction of applicant or licensee of certain crime or continued employment of person convicted of certain crime. 1. In addition to the grounds listed in NRS 449.160, the health division may deny a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups to an applicant or may suspend or revoke the license of a licensee to operate such a facility if: (a) The applicant or licensee has been convicted</p>	Z342		

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Z342	<p>Continued From page 3</p> <p>of:</p> <p>(1) Murder, voluntary manslaughter or mayhem;</p> <p>(2) Assault with intent to kill or to commit sexual assault or mayhem;</p> <p>(3) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;</p> <p>(4) Abuse or neglect of a child or contributory delinquency;</p> <p>(5) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in Chapter 454 of NRS within the past 7 years;</p> <p>(6) A violation of any provision of NRS 449.200.50955 or 200.5099.</p> <p>(7) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding 7 years; or</p> <p>(8) Any other felony involving the use of a firearm or other deadly weapon, within the immediately preceding 7 years; or</p> <p>(b) The licensee has continued to employ a person who has been convicted of a crime listed in paragraph (a).</p> <p>2. In addition to the grounds listed in NRS 449.160, the health division may deny a license to operate an agency to provide nursing in the home to an applicant or may suspend or revoke the license of a licensee to operate such an agency if the licensee has continued to employ a person who has been convicted of a crime listed in paragraph (a) of subsection 1.</p> <p>Based on record review, the facility failed to provide documentation that 5 of 12 employees have not been convicted of a crime listed in NRS 449.188 (Employee #1, #2, #5, #10, #11).</p>	Z342		

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Z342	<p>Continued From page 4</p> <p>Findings include:</p> <p>Employee Record Review</p> <p>Employee #1</p> <p>Employee #1 was employed 9/3/85. The employee's file contained the results of a criminal background check by the Nevada Repository dated 1/7/98 (negative findings) and 12/26/02 (negative findings). There was no documented evidence that the facility forwarded the employee's fingerprints to the Nevada Repository to ensure that the criminal history was investigated at least once every 5 years.</p> <p>Employee #2</p> <p>Employee #2 was employed 3/4/96. The employee's file contained the results of a criminal background check by the Nevada Repository dated 12/26/02 (negative findings). There was no documented evidence that the facility forwarded the employee's fingerprints to the Nevada Repository to ensure that the criminal history was investigated at least once every 5 years.</p> <p>Employee #5</p> <p>Employee #5 was employed 4/1/08. The employee's file contained a copy of Employee #5's fingerprints (not dated). There was no documented evidence that the facility forwarded the fingerprints to the Nevada Repository within 10 days after hire.</p> <p>Employee #10</p> <p>Employee #10 was employed in May, 1991. The</p>	Z342		

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Z342	<p>Continued From page 5</p> <p>employee's file contained the results of a criminal background check by the Nevada Repository dated 3/13/03 (negative findings). There was no documented evidence that the facility forwarded the employee's fingerprints to the Nevada Repository to ensure that the criminal history was investigated at least once every 5 years.</p> <p>Employee #11</p> <p>Employee #11 was hired by the facility as an independent contractor, Registered Dietitian. (The date of hire was unavailable; however, the employee has worked as an independent contractor for the facility for a number of years.) The employee's file did not contain a copy of Employee #11's fingerprints. There was no documented evidence that the facility forwarded the employee's fingerprints to the Nevada Repository.</p> <p>Severity: 2 Scope: 1</p>	Z342		

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